

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

DAVID S. ALLARD
Andrew J. Streu

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

MIDLAND COUNTY JAIL
MIDLAND COUNTY
ADVANCED CORRECTIONAL HEALTHCARE, INC

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:21-cv-10114
Judge: Parker, Linda V.
MJ: Ivy, Curtis
Filed: 01-06-2021 At 12:33 PM
PRIS DAVID S ALLARD V MIDLAND COUNTY JAIL ET AL (SS)

Jury Trial: ☐ Yes ☒ No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	DAVID S. ALLARD / Andrew J. Streu
All other names by which you have been known:	N/A / Andrew J. Hammond
ID Number	618933 / 950834
Current Institution	3855 COOPER ST / (RGC) 3855 Cooper St
Address	JACKSON MI 49201 / Jackson, MI 49201

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	MIDLAND COUNTY JAIL
Job or Title (if known)	Midland County Jail
Shield Number	CORRECTIONAL FACILITY
Employer	
Address	105 EASTICE DRIVE
	MIDLAND MI 48640 48640

☒ Individual capacity☒ Official capacity

Defendant No. 2

Name

MIDLAND COUNTY

Job or Title
(if known)

Shield Number

Employer

Address

☒ Individual capacity☒ Official capacity

Defendant No. 3

Name

ADVANCED CORRECTIONAL HEALTHCARE, INC

Job or Title
(if known)

MEDICAL

Shield Number

Employer

MIDLAND COUNTY JAIL

Address

☒ Individual capacity☒ Official capacity

Defendant No. 4

Name

Job or Title
(if known)

Shield Number

Employer

Address

☐ Individual capacity☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

- Violations of 1st, 4th, 8th, 11th, 14th Amendments.
- Right to Life.
- Negligent Deprivation • Gross Negligence. • Deprivation of Liberty.
- Inadequate Medical Care related to Covid-19.
- Lack of Protection from Covid-19.
- Involuntary Servitude.
- Violations of Equal Protection Clause.
- Failure to Protect.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

We (inmates) were refused to be tested. Administration and Medical stated we had to have every symptom to get tested. Multiple people requested to be tested to no avail. Midland County Jail sent four inmates to RGC in Jackson at the same time. One had COVID. Midland told RGC that all inmates are negative. Andrew J. Stren, DAVID S. ALLARD, Daniel Gormely were the three who were negative that Midland County put us in danger by putting us in a van with someone who was positive. We were being refused masks, social distancing. (under Governor's orders this is a requirement). Multiple inmates and staff were positive when in September 19th 2020 they FINALLY started testing inmates to move to another facility.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

MIDLAND COUNTY JAIL

- C. What date and approximate time did the events giving rise to your claim(s) occur?

FOR DAVID S. ALLARD FROM MARCH OF 2020 UNTIL SEPTEMBER 21, 2020.

FOR ANDREW J. STREU FROM MARCH OF 2020 UNTIL SEPTEMBER 21, 2020.

DAVID ALLARD WAS IN MIDLAND COUNTY JAIL FROM OCTOBER 2019 - SEPTEMBER 2020.

ANDREW STREU WAS IN MIDLAND COUNTY JAIL FROM MAY 2019 - SEPTEMBER 2020.

D. What are the facts underlying your claim(s)? (For example: What happened to you?

Who did what? Was anyone else involved? Who else saw what happened?)

We have not been protected from COVID-19 at the Midland County Jail or the Midland County Courthouse. Multiple inmates went to Court during the Pandemic. People at the Courthouse didn't wear masks putting lives in danger. Andrew J. Stren had his trial in March during the Pandemic with Governor States would be a miscarriage of Justice. Andrew J. Stren and David S. Allard and multiple other inmates were taken out of the Jail and to the Courthouse often without masks and around others without masks forcing us to put our lives in danger. After that we were brought back in general population. Only checked our temperature. No Testing. Multiple Officers often would not wear their masks around inmates. Our Cells and Pods/units did not get cleaned as they should. No BLEACH. There was no Social distancing at any time. No masks for everyone. They made our bonds so high it wasn't possible to get away from the situation. Midland County Was not prepared to protect us from COVID-19. Andrew J. Stren, David S. Allard, Daniel Gormely all suffered from Neglect from Midland County when transferred to RGC. We were placed on close contact for 22 days. We were afraid we were going to have it. They sent us to an even unsafe place where we did catch it. Midland County Jail didn't test anyone. Food staff, CO's, ... NO ONE. They put our lives in danger on a daily basis. We have been traumatized by the experience and neglect from Midland County. The conditions inside the Jail were unsafe, inhumane. It was cruel and unusual punishment. MIDLAND COUNTY & THE STATE OF MICHIGAN SHOULD ALSO BE HELD RESPONSIBLE. THERE COULD HAVE BEEN ALTERNATE PLACEMENT PROGRAMS OR HOME CONFINEMENT/TEACHER TO KEEP US SAFE FROM COVID-19.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I AM SUFFERING FROM MENTAL AND EMOTIONAL DURESS. MIDLAND COUNTY JAIL REFUSED TO TEST INMATES, REFUSED TO GIVE US MASKS, REFUSED TO ALLOW US TO SOCIAL DISTANCE. THEY CAUSED ME TO FEAR FOR MY LIFE ON A DAILY BASIS

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$100,000 AND OR \$500.00 A DAY PAIN AND SUFFERING, MENTAL AND EMOTIONAL DURESS.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Midland County Jail
105 Fast Ice Drive
Midland MI ~~48643~~
48640

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☒ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Multiple inmates filed them to No Avail. They still denied Masks, Testing. Some didn't even get responded to.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I Spoke with Multiple Officers, LT. Randall, Dep. Smith, Dep. Fraiser, Dep. Doll, Dep. Sheldon. Etc...

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I Spoke to administration was told the only way to get tested was to have ALL symptoms, still refused masks.
All to No Avail

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/20, 20 20.

Signature of Plaintiff	<u>x Andrew Stren</u> / <u>x David S. Allard</u>
Printed Name of Plaintiff	<u>Andrew J. Stren</u> / <u>David S. Allard</u>
Prison Identification #	<u>950834</u> / <u>618933</u>
Prison Address	<u>(RGC) Charles Egeler Reception & Guidance Center</u>
	<u>Jackson</u> <u>MI</u> <u>49201</u>
	City State Zip Code

Additional Information:

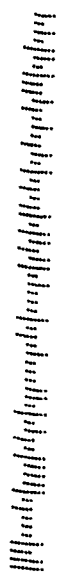
Print First & Last Name: David Allard
Prisoner Number : 618933
CHARLES E. EGELER RECEPTION & GUIDANCE CENTER
3855 Cooper Street
Jackson, Michigan 49201-7517

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US District Court
231 W. Lafayette Blvd.
Detroit, MI.
48226

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